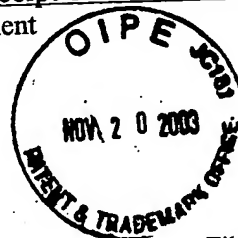




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Applicant: Brian Hyder
Serial No.: 10/668,414
Date Filed: September 23, 2003
Title: BODY WEIGHT GRAVITY APPARATUS

File No.: 3621.002A
LA: LM1

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| ORIGIN (POSTAL USE ONLY) | | | |
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| PO ZIP Code 33764 | Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second | Flat Rate Envelope <input checked="" type="checkbox"/> | |
| Date In Mo: 11 Day: 20 Year: 2003 | <input type="checkbox"/> 2 Noon <input type="checkbox"/> 3 PM | Postage \$ 13.65 | |
| Time In 15:21 | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | Return Receipt Fee | |
| <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | Int'l Alpha Country Code | COD Fee | Insurance Fee |
| Weight lbs. 3.8 ozs. | Acceptance Clerk Initials JB | Total Postage & Fees \$ 13.65 | |
| No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | | | |

| DELIVERY (POSTAL USE ONLY) | | | |
|---|---|--------------------|--|
| Delivery Attempt | Time | Employee Signature | |
| Mo. Day | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature | |
| Delivery Attempt | Time | Employee Signature | |
| Mo. Day | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature | |
| Delivery Date | Time | Employee Signature | |
| Mo. Day | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature | |
| <input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise may be shipped without obtaining a signature if the sender provides a return address and the delivery employee's signature certifies valid proof of delivery. | | | |
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